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Examination of sexual offenders' behaviors and self-perceptions

Denise Wright

Eastern Illinois University

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Examination of Sexual Offenders' Behaviors and Self-Perceptions
(TITLE)

BY

Denise Wright

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Kathleen A. Bourke
THESIS DIRECTOR

Jeannine Snyder
COMMITTEE MEMBER

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Abstract

Child sexual abuse is a global concern. More specifically, the growing concern has prompted researchers to study the effects of abuse, with varied interest in both victims and perpetrators. For child sexual abuse to be addressed there needs to be an increased focus on sex offenders. Study of sex offenders' perceptions of their behavior and childhood experiences may yield further understanding of the reasons and motives behind the abuse. The purpose of the study is to examine sex offender's behaviors and self-perceptions related to sexual activity.

The present study consists of 46 registered male sex offenders located at three different mental health facilities in the state of Illinois. Of the 46 participants, 34.8% reported that they had experienced sexual contact of any nature with another individual 5 or more years older. Prior to the age of 16, 28.3% of the 46 participants experienced sexual contact that was against the participant's will with another individual 5 or more years older. Overall, the majority (71.1%) of the sex offenders did not experience any sexual contact against their will with another individual 5 or more years older. As for the participant's sexual activity, the most frequent response for both intercourse and masturbation per month was 5 times or less, which indicates that the majority of the respondents were not highly sexually active. Also, the majority of the respondents felt that they were better at sex than most other people but, at the same time, rarely experienced sexual activity each month. The epidemic of sexual abuse of children continues, which suggests a need for more research to focus on sex offenders.

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Chapter I

Introduction

Imagine for a moment, a blond haired blue eyed seven year old girl that has to live in constant fear of her stepfather. As the girl glances at her stepfather, he appears to be a giant standing at 6 feet 4 inches. Every night, the girl fears bedtime because that is when her stepfather tucks her into bed. Most children listen to a bedtime story from their parents, but this girl has to endure invasive acts of sexual abuse by her stepfather. The stepfather has been committing this act of sexual abuse upon his stepdaughter for about 4 years now. He feels confident in the fact that she will never reveal their secret because he has reassured her that her family, including the family pet, will suffer the consequences. The girl just recently noticed that her stepfather has begun tucking in her three year old sister. She hopes that he is not violating her sister's innocent body but, in actuality, she knows better than to fool herself. The seven year old girl has been trying to, but not wanting to, sexually fulfill her stepfather's desires so that he does not see the need to visit the three year old next door. After her stepfather leaves her room at night, she begins to wonder how she will ever escape from the pain, fear, guilt, and embarrassment caused by her stepfather's actions. She so desperately wants to tell her mother but she fears that her mother will never believe her and wonder what her stepfather will do to her family. Unfortunately, this particular girl continues to live a life of fear caused by her stepfather until she reaches the age of 16, which is when she runs away from home trying to escape the pain, shame, and confusion. To this very day, the mother has no idea what her husband has been doing to her children because many sexually abused victims carry the fear, pain, confusion, and guilt with them, making it almost impossible to reveal their

deep dark secret. This particular story is a hypothetical case that helps to draw attention to the much bigger picture of sexual abuse. The seven year old girl is a prime example of how children endure sexual abuse by adult perpetrators. Many victims tend to bury their experience with childhood sexual abuse deep within themselves.

Globally, child sexual abuse is a growing concern. Reports of sexual abuse during 1976 in the U. S. totaled about 6,000 cases but, by the year 1986, the cases increased dramatically to 132,000 (Denov, 2003). As of 1995, 1 in 10 violent crimes are a sexual offense (Browne & Lynch, 1998). Approximately 1 in 3 women and 1 in 6 men become victims of sexual abuse as a child (Maltz, 2002). These increasing numbers of child sexual abuse will continue to climb if not properly addressed.

Purpose of the Study

The purpose of this research study was to examine sex offenders' behaviors and self-perceptions related to sexual activity. Researching sex offenders contributes to the decrease in the literary gap while also gaining a better understanding of the sex offender's childhood and current sexual activity.

Objectives

Objectives

1. To determine if there was childhood sexual abuse among the sex offenders.
2. To determine the current level of sexual activity among the sex offenders.
3. To explore how the sex offenders perceive themselves sexually.

Definition of Terms

Sexual abuse is defined as "one person dominating and exploiting another person by means of sexual activity or suggestion" (Maltz, 2002, p. 321). *Sexual activity* is a play

or act involving sex or sexual behavior (Oxford English Dictionary, 1989). For the purpose of the study, sexual activity was defined by vaginal and/or anal intercourse and masturbation practices. Sexual contact that is considered abuse can include numerous unwanted sexual acts such as, exposing pornographic material prematurely, being forced to give or receive oral sex, invading a person's body by fondling, unwanted sexual verbal commitments, sexual penetration vaginally or anally, public display of masturbation, publicly flashing sexual organs, or peeping into windows for sexual pleasure. Sexual abuse is usually thought of as using force to dominate another but this factor does not always play a role during the offense.

Sex offender is any one person that is found guilty of a sexual offense. A *sexual offense* would include any breach of law or a behavior involving sex (Oxford English Dictionary, 1989).

Pedophilia involves recurring sexual fantasies, desires, or sexual arousal for a pre-adolescent child or children. In order to be considered a pedophile, the pedophile must at least be 18 years old and the victim involved must be 13 years old or younger (DSM-IV, 1994). According to our legal system, 18 years old is considered a legal adult and, therefore any age younger than 18 is a minor. Also, about 80-95% of offenders who commit sexual abuse with a child are males such as a stepfather, a neighbor, a male relative, or a priest (Browne & Lynch, 1998). The pedophile's common age range is found to be between 35 and 40 years old but adolescent offenders are growing in numbers (Browne & Lynch, 1998).

Extra-familial is defined as outside of the family. For example, an extra-familial sexual offense would be committed by a sex offender involving a stranger or friend who is not related to the perpetrator.

Intra-familial is defined as inside of the family. Intra-familial sexual offenses would be committed by a sex offender within the family, such as a relative living within the same household.

Chapter II

Literature Review

Within the following literature review, sexual perpetrators and victims of sexual abuse are addressed. More specifically, the sex offender's views on child sexual abuse, sex offender's characteristics, and treatment for sex offenders are all discussed followed by the characteristics of sexually abused victims, defense mechanisms, and after-effects of the abuse. Literature related to the sex offender is reviewed first because this is the main focus of the present study.

There has been heightened research attention focused on sexual contact between adults and minors (Okami & Goldberg, 1992). In 1969, there were approximately seven professional journal articles that addressed adult sexual behavior with minors (Okami & Goldberg, 1992). Twenty years later in 1989, there were approximately 250 articles published addressing sexual contact between adults and minors (Okami & Goldberg, 1992). The interest has prompted more researchers to study the traumatizing effects of sexual abuse, with varied interest in both victims and perpetrators. Many research studies have focused on victims with the hope of reducing child sexual abuse through increased education and awareness (Webster & Hall, 2004). Researchers are concerned with how the traumatic abuse affects children and how to appropriately treat the victim (Maltz, 2002). In order for this act of crime to be reduced, there needs to be a greater focus on perpetrators in addition to victims (Gilgun & Connor, 1989). Obtaining the perpetrator's perceptions of his behavior and childhood experiences may help yield further understanding of the reasons and motives behind their crimes.

Sex Offender's' Views on Child Sexual Abuse

Sex offender's perspectives need to be established to better understand child sexual abuse. A particular research study conducted by Gilgun and Connor (1989) investigated sex offenders' views of child sexual abuse. Their study found that sex offenders viewed child sexual abuse as pleasurable. The source of the sex offender's pleasure was from touching and visually observing the victim, achieving an orgasm, or a combination of the two. Six of the 14 male respondents stated that the reason for the abuse was exclusively to achieve an orgasm (Gilgun & Connor, 1989). There were six other males within the study who stated that their pleasure was from a combination of touching, looking, and achieving an orgasm (Gilgun & Connor, 1989). Gilgun and Connor (1989) also found that 10 out of the 14 respondents felt as if their victims were primarily objects of pleasure and property. Some sex offenders refused to look at their victims' faces because it would interfere with the sex offenders' concentration, causing them to lose their erection. Gilgun and Connor (1989) addressed the sex offenders' motives behind their crimes, which in turn provided better understanding of the psychological aspects of adult-child sexual abuse.

According to Nordland (2001), sex offenders, at some level, express guilt for their abuse but at the same time tend to rationalize their behavior by saying that the abuse teaches the children about sex or sexual activity. Hendrie (1998) also agreed with the concept that sex offenders rationalize their behavior by the beliefs that it is educational and sexually pleasurable for the child. Nordland also expressed that some sex offenders were molested as children and they might reenact their experiences later in life to gain mastery over their childhood abuse. Fieldman (2002) addressed the idea that sexual

abusers were at one point abused themselves. Gray, Busconi, Houchens, and Pithers (1997) found that 95% of 72 children who engaged in sexual misconduct were, in fact, sexually abused. The idea of gaining control over the experience helps to better understand how sex offenders might view their victims as objects rather than human beings, as found in Gilgun and Connor's (1989) study. When focusing on the victim as an object, sex offenders are able to fulfill their desire to overcome their childhood experiences by not acknowledging the after-effects for the victim but rather by concentrating on their own motives.

Other researchers such as Abel, Gore, Holland, Camp, Becker, and Rathner (1989), also addressed the sex offender's views on child sexual abuse. These researchers focused more on the cognitive distortions of the sex offenders, specifically how these offenders rationalize and justify their behaviors. Individuals who sexually abuse children tend to keep their behaviors a secret due to the fear of discovery. However, secrecy prevents sex offenders from receiving negative feedback, such as the after-effects the objectified victim feels after the sexual offense. The lack of feedback enables the sex offenders to continue their behavior and feel that their actions are justified. Abel, et al. (1989) discussed the different process of rationalizing one's behavior between child molesters, one who commits child sexual abuse, and the general population. The main difference is that child molesters rationalize sex with a child as either sexual education for the child or introducing a new and good sexual feeling to the child, which reinforces what Nordland (2001) addressed about the rationalization process. Not only did researchers address sex offender's views on child sexual abuse, but other researchers

established the sex offenders' distinguishable characteristics that either helped the offender blend within society or stand out from others.

Characteristics of Sex Offenders

Some researchers studied the distinctive characteristics of sex offenders in order to separate them from the general population. Browne & Lynch (1998) addressed some of the demographics of sex offenders. Browne and Lynch (1998) cited that 80-95% of child sexual abusers were males between the ages of 35 and 40. Miranda and Fiorello (2002) examined the connection between social interest and the characteristics of sexual abuse perpetrated by male sex offenders. Social interest addresses the feeling of love or closeness with other human beings, as well as feelings of empathy for the human race (Miranda & Fiorello, 2002). These researchers found that, out of 189 offenders, 43% chose to commit offenses outside of the family and 57% committed offenses within the family (Miranda & Fiorello, 2002). Of 189 offenders, 88% admitted to fondling their victims, while 12% completed full sexual penetration (Miranda & Fiorello, 2002). As the sex offenders' social interest increases, the number of offenses decreases (Miranda & Fiorello, 2002). As the sex offenders' feelings of love and closeness for human beings increase, their likelihood of committing a crime against humans decreases. Sometimes, sex offenders show no remorse regarding their victims, which supports Gilgun and Connor's (1989) findings. There is little to no remorse shown because sex offenders view their victims as objects rather than human beings with emotions.

O'Grady (2001) established three different characteristics portrayed by child sexual abusers, whom he identified as "pedophiles." The first characteristic is obsessive behavior (O'Grady, 2001). Individuals who sexually abuse children tend to let this

particular crime dominate their life. Pedophiles will determine their life goals, such as occupation or hobbies around their obsession of children. O'Grady (2001) found that pedophiles are also predatory. Pedophiles will fixate on a certain child and then stalk that child by watching every move of the child in a predatory manner. According to O'Grady (2001), pedophiles will spend weeks or months fixating on a certain child whom they wish to abuse. Comparatively, Hendrie (1998) stated that pedophiles are attracted to and fixated on children in a specific age group such as 8 to 10 year olds. The final characteristic established by O'Grady (2001) is that pedophiles are collectors. Most child sexual abusers will collect photographs or videos of children that they have at one point abused. Even though these three characteristics are distinguishable from the general population, pedophiles are intensely secretive. Secrecy enables sexual abusers to blend in with other individuals without being discovered, a factor also addressed by Abel, et al. (1989).

Researchers, McCormack, Hudson, and Ward (2002) were concerned with an attachment perspective of the sexual offenders' perceptions of their early interpersonal relationships. The study assumed that individuals who sexually abuse children do not have positive intimate relationships as adults and that sexual offenders must have had poor relationships with their parents during childhood. Negative interpersonal relationships may result in an insecure attachment perspective with the parents, meaning that those adult sex offenders will not allow themselves to become attached or close to anyone. Within the study, child molesters reported stronger relationships with their mothers rather than their fathers (McCormack, et al., 2002). Sex offenders, when compared to nonviolent and violent offenders, reported a higher degree of autonomy

(McCormack, et al., 2002). A violent offender was described as one who commits crimes such as armed robbery or domestic assaults. A nonviolent offender would be an individual charged with drug related and theft related crimes. Typically, sex offenders are more autonomous because of the lack of positive relationships with their parents. At an early age sex offenders realized that they could not depend on their parents for survival skills therefore causing the inability to become close or attached to anyone else for the fear of rejection. The finding of why sex offenders are more independent provides greater understanding as to why sex offenders have reported insecure attachment perspectives. All of the previous characteristics established by the researchers might help to better identify a possible sex offender from the general population. There are also many other researchers that discuss the idea of adequate treatment for sex offenders that might help to better restrict their sexual motives.

Recommendations on Treatment for Sex Offenders

The present study does not address treatment interventions for sex offenders but presenting the review of research on treatment helps to display possible working treatment that would help aid in reducing the recidivism rate for sex offenders because incarceration does little to reduce the reoccurrence of child molestation after discharge (Musk, Swetz, & Vernon, 1997). Many researchers have focused on how to provide adequate treatment to benefit sex offenders. There has been a dramatic increase in treatment facilities for sex offenders (Lakey, 1994). There were approximately 20 treatment facilities for sex offenders in 1982 but, in 1994, the facilities increased to 650 nationally (Lakey, 1994). According to Lakey (1994), the main focus of the treatment should be preventing re-offending by the sexual offenders by breaking through their

thoughts of denial, discovering their warning signals leading up to the offense, and the emotional patterns of offenders.

Researchers such as Drapeau, Korner, Brunet, and Granger (2004) conducted a study to better understand why individuals who commit sexually abusive crimes enter and remain in treatment. The sample consisted of 24 sex offenders from a La Macaza Clinic in Quebec (Drapeau, et al., 2004). Of the 24 participants, five felt as if their therapy at the La Macaza Clinic was an obligation even though the treatment was strictly voluntary. There were nine respondents who felt that the treatment was voluntary and that the treatment should actually be mandatory because it helped them to acknowledge the reality of their crime (Drapeau, et al., 2004). Of the 24 participants, 12 respondents felt that the treatment would promote decision-making on their own which would lead to interdependence. All of the 24 sex offenders felt that the therapy had been helpful because the treatment gave them a chance to talk freely and express themselves (Drapeau, et al., 2004). Drapeau, et al. (2004) also found that five of the 24 participants argued that treatment did not help them give up their deviant sexual fantasies but rather the treatment controlled their fantasies. In contrast, Brown, et al. (1996) found that three out of 17 respondents abstained from masturbation because it helped them to control their sexual urges. The findings of these two studies contradicted each other but Drapeau, et al. (2004) conducted the study 8 years later than Brown, et al. (1996) which could reflect a societal shift. Our society has changed dramatically from 1996 to 2004 due to the fact that sex offenders can now use the internet more rapidly for their sexual deviant behaviors. The internet enables the sex offenders to remain anonymous while spreading

their deviant sexual behavior onto victim after victim before being caught and reprimanded for their crime which leads to fewer sex offenders receiving treatment.

Another form of treatment is administering medication for individuals who commit sexually abusive crimes. Hammel-Zambin (2003) provided therapy to Alan X, an incarcerated pedophile. In the book, Hammel-Zambin (2003) later documented all of the letters and conversations that she and Alan X. had during their treatment. Alan described the medication called Lupron, which is used to lower testosterone in male patients (Hammel-Zambin, 2003). This medication did not alter the mind's ability to formulate deviant sexual thoughts but rather there was no gratification from these thoughts because the body was unable to respond. Therefore, deviant sexual thoughts were physically meaningless for the perpetrator (Hammel-Zambin, 2003). Other researchers, such as Musk, Swetz, and Vernon (1997), also agreed that individuals who sexually molest children need to be given medication that inhibits their sex drive, which will better help them in their treatment process. Shaw (2000) also discussed the possibility of medicating sexual abusers. Shaw (2000) agreed that antiandrogen drugs, such as Lupron, impact deviant sexual urges or behaviors but should only be administered to the most severe sexual abusers. Shaw (2000) did not specifically define "severe" sexual abusers. These previous researchers addressed different concepts of treating sex offenders whereas in contrast many other researchers focus more on the victim's point of view, more precisely their personal characteristics.

Characteristics of Sexual Abuse Victims

Providing past research on victims of sexual abuse helps to display the effects sex offenders have on their victims. The present study does not focus on the victims of

sexual abuse but rather sex offenders. However, the review of victim literature displays what the victim can and continues to endure by sex offenders. The following researchers, Salter, McMillian, Richards, Talbor, Hodges, Bentovim, et al., (2003) analyzed risk factors that were associated with the sexually abusive adult's childhood experiences. All 224 males within the sample had been victims of sexual abuse whether the abuse was intrafamilial or extrafamilial. Some of the risk factors found during the childhood of adult offenders were material neglect, lack of supervision, witness to intrafamilial violence, and cruelty to animals (Salter, et al., 2003). According to researchers, McNichol and McGregor (1999), children who witness family violence, emotional neglect, or accidentally witness sexual intercourse between their parents are at a higher risk of developing inappropriate sexualized behavior. Another researcher, Hammel-Zabin (2003), supported the concept of a mild level of sexual dysfunction caused by witnessing sexual acts. Higher levels of sexual dysfunction can be caused by having a direct experience with sex, such as sexual abuse (Hammel-Zabin, 2003). Salter, et al. (2003) recommended targeting children who display risk factors associated with sexual abuse and providing adequate intervention so that the children do not become adult victimizers.

Defense mechanisms. According to Adams-Tucker (1985), sexually molested children develop defense mechanisms to either cope with the abuse or to conceal themselves from the abuse. This particular study included 27 children (5 boys and 22 girls) who had been sexually molested. All of the children were evaluated individually and with their parents or caregivers over a 3-hour period. Adams-Tucker (1985) found the following defense mechanisms in children during the study: narcissistic, immature,

neurotic, and mature. The adolescents predominately used immature defense mechanisms, such as acting out, to deal with their sexual victimization (Adams-Tucker, 1985). Whealin (2003), another researcher, also discussed how children of sexual abuse tend to act with cruelty to others by running away from home. Children also tend to “act in,” such as becoming depressed or withdrawing themselves from others (Whealin, 2003). Younger children had the fewest defense mechanisms in comparison to all of the age groups (Adams-Tucker, 1985). The school-aged group used denial as their defense more than any other age group. Some children develop unhealthy behaviors such as drug and alcohol abuse to help deal with their emotions that are related to the abuse (Whealin, 2003). Not all sexually abused children will develop the aforementioned defense mechanisms. Adams-Tucker (1985) suggested that victims of sexual molestation may develop individual and unique defense mechanisms to cope with their victimization. Defense mechanisms can vary depending upon the age of the victim. Traumatic memories are handled differently based upon each stage of child development (Adams-Tucker, 1985). One of the most difficult tasks for a child who has been sexually abused is accepting his or her sexual violation (Adams-Tucker, 1985). In order to fully understand why children who have been sexually abused develop defense mechanisms, the aftermath of childhood sexual abuse needs to be addressed.

After-effects. Ray (2001) sought to better help clinicians identify the possible history of sexual abuse therefore examining the after-effects of sexual abuse on male survivors. Many researchers have focused on the female survivor’s perspective of sexual abuse rather than the male perspective (Ray, 2001). In general, society does not concede to the victimization of males because males are expected to be able to protect themselves

from devastation (Ray, 2001). The methodological approach included audio taped interviews of 25 male survivors who were currently undergoing therapy. Some of the social after-effects for the male survivors included isolation, inability to trust, introversion, and anti-socialism (Ray, 2001). Psychological after-effects expressed by the males were anger, depression, suicidal ideation, and numbness (Ray, 2001).

Sometimes, children who have been sexually abused may have suicidal thoughts (Whealin, 2003). Also, physical after-effects were expressed by the male survivors, such as, nervousness, shaking, and headaches (Ray, 2001). The participants expressed sexual after-effects, such as, fear or avoidance of sex and promiscuity (Ray, 2001). Sometimes, children who are victims of sexual abuse tend to display inappropriate sexual behavior for their age (Whealin, 2003). According to Ray (2001), clinicians need to consider all of the possible after-effects of childhood sexual abuse. All survivors need their after-effects closely explored either during individual or group therapy (Ray, 2001). The after-effects of childhood sexual abuse produce different outcomes on an individual basis similar to the defense mechanisms addressed by Adams-Tucker (1985). This in turn expresses the need for after-effects to be addressed cautiously and continuously so that deeper social, physical, psychological, and sexual matters can be properly treated.

Summary

All previous researchers, whether focusing on sex offenders or victims of sexual abuse, identified key aspects which need to be further addressed in order to better understand sexual abuse. Some researchers, such as Bolen (2003), believe that prevention programs targeting sexual abuse and victims should focus more on sexual abuse and sex

offenders. However, focusing on the victim versus the sex offender is a controversial concept among researchers. Consequently, a gap in the literature on sex offenders exists.

The following study will focus on the sex offender's self-perceptions and sexual history, which will provide greater understanding as to why sex offenders choose to and may continue to molest victims. The narrowing of the literary gap will continue with further research on sex offenders, thus yielding a greater understanding of the characteristics portrayed by individuals who sexually abuse people and, consequently, decrease the risk for and prevalence of molestation.

Hypotheses

Salter, et al., (2003) studied the relationship between childhood sexual abuse and sexually abusive adult sex offenders which resulted in the complete 224 participants within the sample as being victims of childhood sexual abuse. Past research has studied the relationship between sexual abuse and adult sex offenders but has not studied the relationship between sexual abuse and adult pedophiles. O'Grady (2001) established obsessive, predatory, and collectors to be three characteristics of pedophiles. Pedophiles tend to focus more on a specific age group such as 8 to 10 year olds (Hendrie, 1998), which leads to future speculations by the present researcher that pedophiles were sexually abused as children because of the fixation on younger children. Conversely, sex offenders do not fixate on a certain age group but rather choose their victims at random. Therefore, it is hypothesized that sex offenders who are pedophiles are more likely to be sexually abused as children than sex offenders who are not pedophiles ($p \leq .05$).

Additionally, researchers tend to focus on the sex offenders' views of sexual abuse (Gilgun & Connor, 1989), sexual sobriety (Brown, et al., 1996), or personal

characteristics but not on the sex offender's self-perceptions of sexual activity.

Hypothesis two was developed to address a gap in the literature. The current study proposes that greater frequency of sexual activity (more specifically, vaginal and/or anal intercourse and masturbation) contributes to higher self-ratings of their sexual performance. Therefore, the researcher hypothesized that the greater frequency of sex offenders' sexual activity, the higher their self-ratings of sexual performance ($p \leq .05$).

Chapter III

Method

The purpose of this research study was to examine sex offenders' behaviors and self-perceptions related to sexual activity. Within this section, the design of the study, sample, instruments, procedure for data collection, and data analysis will be described.

Pilot Study

The purpose of the pilot study was to examine the participant's past and present sexual activity with a focus on the participants' views based on their own behavior toward others and themselves. The sample consisted of 15 male participants who were receiving treatment for sexually abusive behavior at a mental health center. The therapist and the participants were the only ones present while participants completed the 30-item questionnaire. The researcher avoided contact with the respondents by picking up the questionnaires the following day at the mental health center.

The results of the pilot study were categorized into three different groups: childhood sexual abuse, sexually active, and sexual viewpoints. The majority of the respondents (73%) did not experience childhood sexual abuse that was against their will. However, 46% indicated that sexual contact did occur during their childhood but their interpretation of the experience was not portrayed as sexual abuse. As for the respondent's sexual activity, 20% indicated that they had not had sexual contact with a person younger than 16 after the respondent was 18 years of age or older. As for the respondent's viewpoints on their sexual behavior, 53% felt that they were slightly motivated to be sexually active. The majority of the respondents gave themselves low scores when rating their sexual feelings, which could suggest that these respondents

engage in few situations involving sexual activity. When participants rate themselves lower on their sexual feelings they might tend to feel less adequate during sexual activity which could lead to fewer sexual encounters. As a result of the pilot study, the researcher: 1.) revised the wording of the questionnaire, 2.) questions were added to focus on sexual performance, and 3.) a larger sample size was involved.

Design of the Study

The study represented a survey research design. Descriptive and nonparametric statistics such as percentages, frequencies, graphs, and chi-square tabulations were used to summarize and organize the quantitative data.

Sample

The purposive and convenience sample within the study consisted of 46 participants. The purposive and convenience sample was chosen due to the stipulations set by Eastern Illinois University's Institutional Review Board. Populations of sex offenders are considered to be sensitive and vulnerable samples, therefore requiring the researcher to follow the set procedures to protect the participants within the study. The researcher met the ethical guidelines required by the University's Institutional Review Board. Therefore, the researcher self-administered the questionnaire to the participants. Since the Institutional Review Board required the researcher to be on location when the questionnaires were administered, a convenience sampling approach was warranted.

Selection of the sample. The researcher selected approximately 20 providers from the Illinois Attorney General's public website, which lists providers affiliated with the Sex Offender's Management Board. On the website, the lists of providers are categorized by county. After selecting the providers (mental health centers), the

researcher sent a message (See Appendix B) via email that requested the providers' participation within the study. If the providers chose to participate, they responded via email to inform the researcher of their interest. After the sample was narrowed down from 20 to three willing providers from three counties, the researcher called each one of the providers and discussed the procedures of the study. The researcher then visited each facility at the designated group meeting times. The researcher informed each participant that the questionnaire was strictly voluntary, which gave them freedom of choice, and names were not required.

Description of the sample. The participants were at least 18 years of age with an age range of 18-67 ($M=36.61$). The sample consisted of only male participants. All participants were identified by the state of Illinois as registered sex offenders but not all were known pedophiles. The participants were a potentially vulnerable sample because society tends to single out this population. Due to this vulnerability, the researcher was sensitive in the personal address of the individual groups. For example, each participant had adequate personal space to reduce embarrassment while completing the questionnaires.

Set Criteria for Participants

There is set criteria for each participant within this present study. In order to be considered a pedophile, the perpetrator must at least be 18 years old and the victim involved must be 13 years old or younger. The researcher set the criteria of a 5-year difference in age because this most likely eliminates any possible type of consensual sexual behavior. Also, the researcher and all providers used the Diagnostic and Statistical Manual of Mental Disorders IV (1994) to establish the diagnostic criteria of

pedophiles. The interpretation of the criteria of pedophiles within the DSM-IV (1994) may vary from provider to provider. However, the criteria provided a basis for foundational uniformity.

The criteria stated in the DSM-IV (1994) manual for pedophilia includes all of the following:

1. The person has had intense sexual fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child aged 13 years or younger over a period of 6 months (DSM-IV, 1994).
2. The person has acted on these sexual urges or fantasies causing distress or interpersonal difficulty (DSM-IV, 1994).
3. The person is at least the age of 16 and 5 years older than the child stated in Criteria 1 (DSM-IV, 1994).
4. The DSM-IV (1994) also states that the person can be sexually attracted to only males, only females, or both sexes, which includes just children or children and adults.

Procedure for Data Collection

The distribution of the questionnaires with the informed consent (See Appendix C) was given to each participant. Each participant had adequate physical space while filling out the questionnaire so that the participants were able to withdraw from the study without being noticed. After the questionnaires were completed, the researcher exited the facility with the completed questionnaires. As for the participant's identity, there was not any information within the questionnaire to identify the participant.

Data Collection Instruments

The researcher distributed a self-administered questionnaire for data collection.

Sexuality questionnaire. The 34-item questionnaire (See Appendix A) was based on the participant's childhood experiences, current sexual activity, and sexual attitudes. The questionnaire was partially adapted from the Sexual Recovery Anonymous (SRA) questionnaire, which addressed an individual's sexually addictive behavior (SRA, 2002). The approximate time length for the completion of the questionnaire was 10 minutes. The questionnaire was approved by the researcher's graduate committee and the university's Institutional Review Board for protection of human subjects.

Measurement of variables. Each respondent was asked to provide information on sociodemographic variables. The first demographic variable measured was the respondent's current age which was entered into the data according to each provided age. The racial background was measured by asking the respondents to identify themselves as Caucasian, African American, Hispanic, or other (coded by Caucasian=1, African American=2, Hispanic=3, other=4). The respondents' education level was measured by the following: less than high school, high school, two year college degree, or four year college degree (coded by less than high school=1, high school=2, two year college degree=3, and four year college degree=4). Sexual partner preference was measured by male sexual partners, female sexual partners, or both sexes (male sexual partner=1, female sexual partner=2, both sexes=3). The final demographic addressed was the respondents' marital status which was never married, married, separated, or divorced (never married=1, married=2, separated=3, divorced=4).

Childhood sexual abuse among the sex offenders was measured by two items. The first item addressed the experience of sexual contact of any nature among the sex offenders which was measured by "Prior to the age of 16, had you experienced sexual contact of any nature with another individual 5 or more years older than you" (coded by yes=1, no=2). While the respondents may not have recognized the question as addressing sexual abuse, the question was based on the legal definition of childhood sexual abuse. The second item addressed sexual contact of any nature that was against the respondents' will which was measured by "Prior to the age of 16 did you have sexual contact that was against your will with another individual 5 or more years older than you" (coded by yes=1, no=2). This question directly asked the respondents to acknowledge whether or not sexual abuse happened to them.

The current level of sexual activity among the sex offenders was measured by two items. The two items used to measure sexual activity are as follows: 1.) "On average, how often do you engage in vaginal or anal intercourse per month" (coded by frequency) and 2.) "On average, how often do you engage in masturbation per month" (coded by frequency). However, when measuring hypothesis two the two items used to measure sexual activity was collapsed down as follows: intercourse was coded by 0-5=1, 6 or more=2 and masturbation was coded by 0-3=1, 4 or more=2.

The researcher incorporated a 4-point Likert scale on 11 of the items to measure the participants' sexual attitudes toward themselves. The combination of items that were used to measure the self-ratings of the respondents toward their sexual attitudes and performances are as follows: 1.) very aware of sexual feelings, 2.) think about sexual

feelings, 3.) rate myself pretty favorably as a sexual partner, 4.) strongly motivated to devote time to sex, 5.) preoccupied with sex, 6.) strong desire to be sexually active, 7.) better at sex. All were coded by strongly disagree=1, disagree=2, agree=3, and strongly agree=4. However, when measuring hypothesis two, the question addressing the idea of being better at sex was collapsed down by coding strongly disagree/disagree=1 and agree/strongly agree=2. The following items were also used to measure sexual attitudes and performances but were coded by yes=1 and no=2: 1.) sexual behavior put myself in dangerous situations, 2.) shame or regret after sexual behavior, 3.) sexual behavior has harmed or negatively affected another, and 4.) hurt others as a result of sexual behavior. Also, pedophilia was measured by "After the age of 18, have you had sexual contact of any nature with a person or persons that was younger than 16 years old" (coded by yes=1, no=2).

Validity and Reliability

The researcher developed the instrument used to gather the data from the participants. Therefore, reliability has not yet been fully established. This particular instrument was implemented for the pilot study, which provided a basis for consistency and stability. Content validity was established through the review of the questionnaire by four experts within the field. The clinical director of a mental health center who treats sex offenders reviewed the instrument during the pilot study, as well. Also, the researcher's graduate faculty committee reviewed the instrument.

Data Analysis

After receiving all of the completed questionnaires, the researcher then entered the data into SPSS, Statistical Package for Social Sciences 12.0. Descriptive statistics of

percentages and frequencies were condensed and summarized in tables and pie charts.

Chi-square analyses were run to analyze hypothesis one and two. Chi-square determines the variables to be either independent or dependent of one another. A non-parametric test, such as chi-square, accepts weaker and less accurate data that may result from a smaller sample size. Furthermore, chi-square assumes but does not require the sample data to be more or less normally distributed than parametric tests while at the same time chi-square relies on the belief that the variables are normally distributed in the population of the sample that is drawn (Connor-Linton, 2003). Chi-square's limitations are also its strengths-- chi-square is "more forgiving in the data it accepts" (Connor-Linton, 2003, p. 1).

Chapter IV

Results and Discussion

The purpose of the study was to examine sex offenders' behaviors and self-perceptions related to sexual activity. The following sections will discuss the objectives and hypotheses in relation to the results of the study.

Sample Demographics

The sample included 46 male respondents with an age range of 18-67 years old ($M=36.61$). The racial background of the respondents consisted of 40 (87%) Caucasians and 6 (13%) African Americans (See Figure 4-1). As for each respondent's education level, 5 (10.9%) had completed less than high school, 31 (67.4%) had earned a high school degree, 8 (17.4%) had earned a 2-year college degree, and 2 (4.3%) had earned a 4-year college degree (See Figure 4-2). Out of 45 respondents, 1 (2.2%) respondent preferred a male sexual partner, 40 (87%) preferred a female sexual partner, and 4 (8.7%) preferred both male and female sexual partners (See Figure 4-3). Of the 46 respondents, 17 (37%) had never been married, 16 (34.8%) were presently married, 3 (6.5%) were separated from their spouse, and 10 (21.7%) were divorced (See Figure 4-4).

Figure 4-1

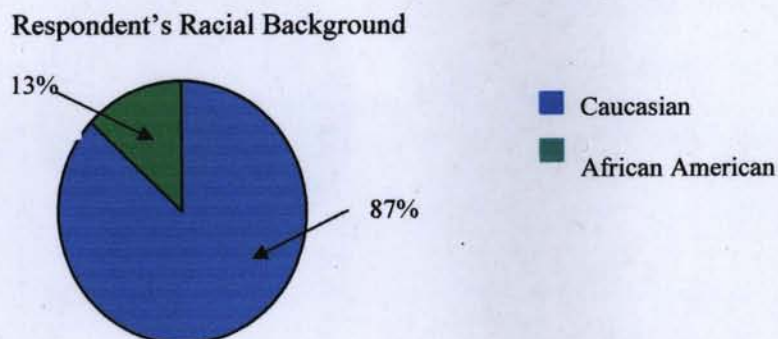


Figure 4-2

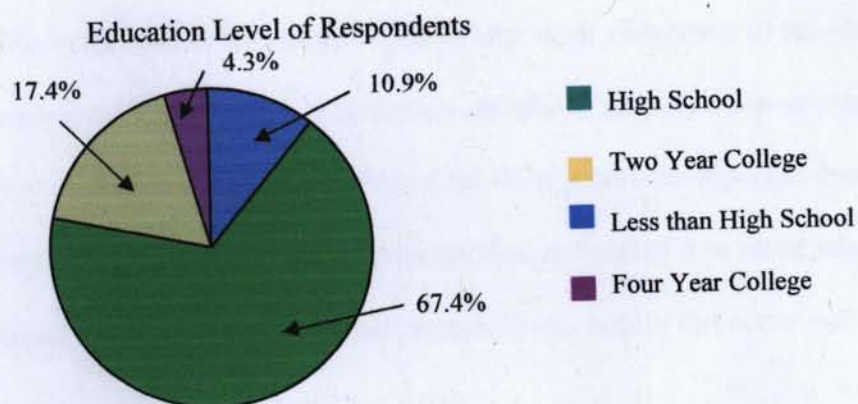


Figure 4-3

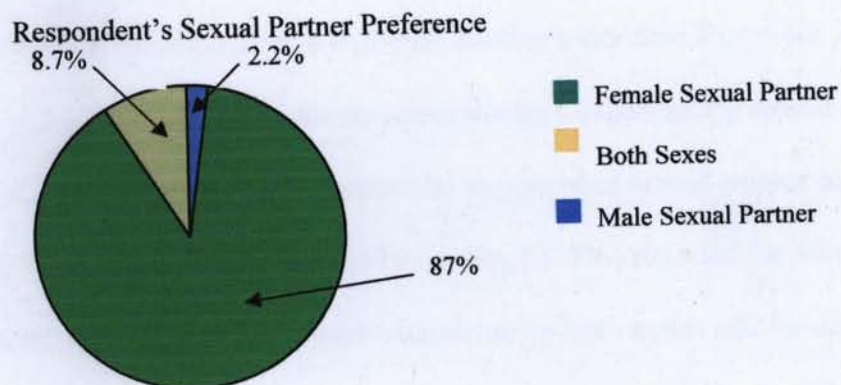
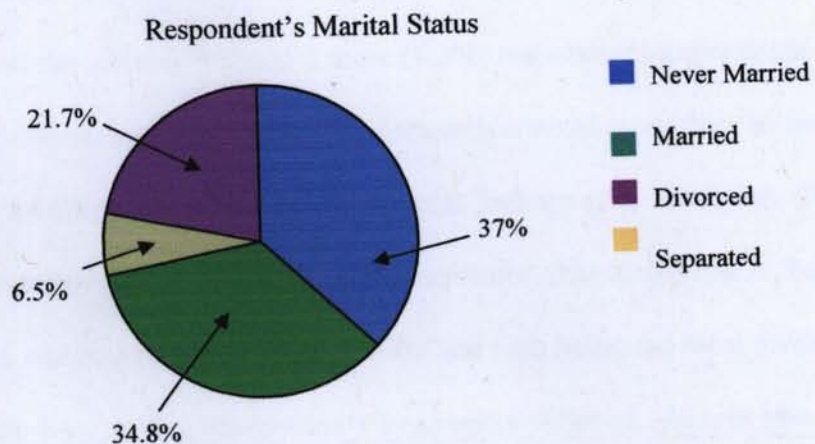


Figure 4-4



Objectives

The following reports the results related to the three objectives of the study.

Objective one: To determine if there was childhood sexual abuse among the sex offenders. Prior to 16 years old, 16 (34.8%) of the 46 respondents reported that they had experienced sexual contact of any nature with another individual 5 or more years older. These 16 respondents indicated that sexual contact of any nature did occur but did not feel that the sexual contact was against their will.

Prior to the age of 16, 13 (28.3%) of the 46 respondents experienced sexual contact that was against the respondent's will with another individual 5 or more years older (See Table 4-1). These 13 respondents acknowledged experiencing sexual abuse during their childhood. Of the 13 respondents who experienced sexual contact against their will, 5 (38%) reported the victimizer to be a male, 5 (38%) reported the victimizer to be a female, and the remaining 3(23%) were victimized by both males and females (See Table 4-2). Of the 13 respondents who experienced sexual contact against their will, 6 (13%) reported that the sexual contact against their will occurred only 1 time, 2 (4.3%) experienced the abuse 2-5 times, 2 more (4.3%) respondents experienced the abuse 6-10 times, and the remaining 2 (4.3%) were sexually abused more than 10 times (See Table 4-3). Sexual abuse produces several different feelings after the abuse. The 13 respondents indicated feeling pain, embarrassment, shame, confusion, humiliation, fear, weirdness, and acceptance, with confusion and pain being the most predominate.

Table 4-1 Respondent's Experiences of Sexual Abuse as Minors		
Sexually Abused As a Minor	Number of Participants	Percent of Participants
Yes	13	28.3
No	33	71.7
Total	46	100.0

Table 4-2 Nonconsensual sexual contact-gender

Gender of Perpetrator	Number Of Participants	Percent of Participants
Male	5	38.5
Female	5	38.5
Both sexes	3	23.1
Total	13	100.0

Table 4-3 Nonconsensual sexual contact-frequency of abuse

Frequency of Abuse	Number of Participants	Percent of Participants
1 time	6	50.0
2-5 times	2	16.7
6-10 times	2	16.7
more than 10 times	2	16.7
Total	12	100.0

Overall, 33 out of 46 (71.7%) respondents did not experience any sexual contact against their will with another individual 5 or more years older which indicated that a majority of the sex offenders were not sexually abused as a child. Conversely, Fieldman (2002) and Nordland (2001) agreed that sexual abusers were at one point abused themselves. More specifically, Nordland (2001) expressed those adult sex offenders that were sexually abused as a child might be re-enacting their abuse later in life to gain mastery over their own childhood abuse. The present study contradicted Fieldman's (2002) and Nordland's (2001) findings because a majority (71.7%) of the respondents in the present study did not experience childhood sexual abuse. The contradiction between the studies suggests that there might be some underlying issue, other than sexual abuse, that occurred during the sex offender's childhood causing the sex offender to later become an adult offender.

Objective two: To determine the current level of sexual activity among the sex offenders. The current level of each respondent's sexual activity was determined by the

frequency of vaginal and/or anal intercourse (See Table 4-4) and masturbation (See Table 4-5) per month. The frequency range of participants' vaginal and/or anal intercourse was 0-20 times a month (n=43). Of the 43 respondents, 9 (19.6%) reported experiencing no intercourse during the month (n=43). Six more respondents experienced vaginal and/or anal intercourse one time per month and another 5 respondents had experienced intercourse 5 times a month (n=43).

The frequency range for the respondents who engaged in masturbation was 0-30 per month (n=41). Of 41 respondents, 16 (34.8%) indicated that they do not masturbate (n=41). Six respondents engaged in sexual activity through masturbating on an average of 3 times per month (n=41). Another 5 respondents masturbated an average of 5 times within any given month (n=41). Of 44 respondents, 11 want to stop masturbating but felt that they are unable to stop, which suggested that these particular respondents recognized that their masturbation practices are a problem that they have lost control over (n=44) (See Table 4-6). Researchers, such as Brown, Traverso, and Fedoroff (1996) also found that 82% were unable to refrain from masturbation during the 30 days of sexual sobriety for treatment. The participants in the present study might connect their masturbation practices with future deviant sexual urges, possibly explaining the abstinence from masturbation. Brown, Traverso, and Fedoroff (1996) found that maintaining one's sexual sobriety does not change the frequency of sexual behavior or alter normal and deviant sexual urges.

While frequency of both intercourse and masturbation cover a broad range, the majority of the respondents abstained from sexual intercourse and masturbation. The most frequent response for both intercourse and masturbation was 5 times or less per

month which indicated that the majority of the respondents were not highly sexually active.

Table 4-4

Frequency of intercourse per month		
Frequency of Intercourse	Number of Participants	Percent of Participants
0	9	19.6
1	6	13.0
2	2	4.3
3	4	8.7
4	3	6.5
5	5	10.9
6	3	6.5
7	1	2.2
8	2	4.3
10	4	8.7
15	1	2.2
16	1	2.2
20	2	4.3
Total	43	93.5

Table 4-5

Frequency of masturbation per month		
Frequency of Masturbation	Number of Participants	Percent of Participants
0	16	34.8
1	1	2.2
2	4	8.7
3	6	13.0
4	4	8.7
5	5	10.9
9	1	2.2
10	2	4.3
16	1	2.2
30	1	2.2
Total	41	89.1

Table 4-6

Want to stop masturbating but cannot		
	Number of Participants	Percent of Participants
Yes	11	25.0
No	33	75.0
Total	44	100.0

Objective three: To explore how the sex offenders perceive themselves sexually.

Each participant was asked a series of questions that specifically addressed their sexual feelings toward themselves. Of 45 respondents, 31 (67.4%) agreed that they are very aware of their own sexual feelings while 9 (19.6%) strongly disagreed (n=45) (See Table 4-7). A total of 22 (47.8%) respondents out of 44 agreed that they tend to think about their sexual feelings while 17 (37%) disagreed (n=44) (See Table 4-8). Of 42 respondents, 27 (58.7%) agreed that they would rate themselves favorably as a sexual partner (n=42) (See Table 4-9). Conversely, 11 (23.9%) respondents disagreed that they would rate themselves favorably as a sexual partner (n=42) (See Table 4-9). Addressing the idea that the respondents are very motivated to be sexually active, 21 (45.7%) agreed and 20 (43.5%) disagreed (n=45) (See Table 4-10). On the contrary, 28 (60.9%) of 46 respondents disagreed that they think about sex all the time and 11 (23.9%) strongly disagreed (n=46) (See Table 4-11). A total of 24 (52.2%) out of 43 respondents did not agree that they have a strong desire to be sexually active while 14 (30.4%) agreed (n=43) (See Table 4-12). Also, of 43 respondents, 26 (56.5%) did not agree that they are better at sex than most people while 8 (17.4%) agreed (n=43) (See Table 4-13).

Table 4-7

	Very aware of sexual feelings	
	Number of Participants	Percent of Participants
strongly disagree	3	6.7
disagree	2	4.4
agree	31	68.9
strongly agree	9	20.0
Total	45	100.0

Table 4-8

Tend to think about my sexual feelings		
	Number of Participants	Percent of Participants
strongly disagree	3	6.8
disagree	17	38.6
agree	22	50.0
strongly agree	2	4.5
Total	44	100.0

Table 4-9

Rate myself pretty favorably as a sexual partner		
	Number of Participants	Percent of Participants
strongly disagree	2	4.8
disagree	11	26.2
agree	27	64.3
strongly agree	2	4.8
Total	42	100.0

Table 4-10

Very motivated to be sexually active		
	Number of Participants	Percent of Participants
strongly disagree	3	6.7
disagree	20	44.4
agree	21	46.7
strongly agree	1	2.2
Total	45	100.0

Table 4-11

Think about sex all times		
	Number of Participants	Percent of Participants
strongly disagree	11	23.9
disagree	28	60.9
agree	5	10.9
strongly agree	2	4.3
Total	46	100.0

Table 4-12

Strong desire to be sexually active		
	Number of Participants	Percent of Participants
strongly disagree	3	7.0
disagree	24	55.8
agree	14	32.6
strongly agree	2	4.7
Total	43	100.0

Table 4-13

Better at sex than most people		
	Number of Participants	Percent of Participants
strongly disagree	8	18.6
disagree	26	60.5
agree	8	18.6
strongly agree	1	2.3
Total	43	100.0

While the results reported a wide range of feelings addressed by each respondent, more than half of the respondents (58.7%) felt that they were a favorable sexual partner but 52.2% do not have a strong desire to be sexually active. The respondents (58.7%) that felt that they were good sexual partners would therefore have higher levels of sexual activity which was unfound. The level of sexual activity for the respondents (58.7%) was actually low.

Also, when addressing the respondent's views toward themselves sexually, the positive and negative viewpoints were considered. Of 44 respondents, 30 (65.2%) felt that their sexual behavior has put them in dangerous situations within their lifetime (See Table 4-14). Seventeen (37%) often felt shame or regret after a sexual behavior but 28 (60.9%) did not express shame or regret (See Table 4-15). Thirty-seven respondents (60.4%) out of a total of 46 felt that their sexual behavior has harmed or negatively affected another individual leaving 8 (17.4%) respondents still denying their behavior (See Table 4-16). Nordland (2001) also found that, at some level, sexual perpetrators express guilt for their deviant behavior. Conversely, 23 (50%) respondents agreed that they have hurt others as a result of their sexual behavior while 21 (45.7%) disagreed (See Table 4-17). Earlier, 60.4% were able to admit their behavior has negatively affected

another individual but changing the wording of the question resulted in a decrease to 50% admittance.

Table 4-14

Sexual behavior has put me in dangerous situations		
	Number of Participants	Percent of Participants
Yes	30	68.2
No	14	31.8
Total	44	100.0

Table 4-15

Feel shame or regret after sexual behavior		
	Number of Participants	Percent of Participants
Yes	17	37.8
No	28	62.2
Total	45	100.0

Table 4-16

Sexual behavior harmed or negatively affected		
	Number of Participants	Percent of Participants
Yes	37	80.4
No	9	19.6
Total	46	100.0

Table 4-17

Hurt others as a result of my sexual behavior		
	Number of Participants	Percent of Participants
Yes	23	52.3
No	21	47.7
Total	44	100.0

Hypotheses

Hypothesis 1: Sex offenders that are pedophiles are more likely to be sexually abused as a child than sex offenders who are not pedophiles ($p \leq .05$). Cross tabulations were calculated between the following two variables: 1.) experienced nonconsensual sexual contact with another individual 5 or more years older and 2.) after the age of 18 years old the respondent experienced sexual contact with another person 16 years and younger (See Table 4-18). Of 46 respondents, 13 (61.5%) did experience nonconsensual

sexual contact with another individual 5 or more years older. Twenty-six respondents admitted to being an adult pedophile by indicating past sexual experiences after the age of 18, with another individual 16 years or younger. Eight respondents out of 46 had been sexual abused against their will during their childhood and later became an adult pedophile. Conversely, 18 respondents out of 46 did not experience child sexual abuse but later became an adult pedophile ($\chi^2 = .186$, $p = .667$). Therefore, hypothesis one was not supported by statistical significance which indicates that the majority of sex offenders that are pedophiles were not sexually abused as a child.

Table 4-18

Nonconsensual sexual contact * Adult Pedophile				
	Adult Pedophile		Total	
	Y	N		
Nonconsensual sexual contact	Y	8	5	13
	N	18	15	33
Total		26	20	46
$\chi^2 = .186$ $p = .677$				

Hypothesis 2: The greater the frequency of sex offenders' sexual activity, the higher their self-ratings of sexual activity ($p \leq .05$). Hypothesis two was first measured by the frequency of intercourse (hypothesis 2a) and then by the frequency of masturbation (hypothesis 2b). Cross tabulation for hypothesis 2a was calculated between the two following variables: 1.) the number of times intercourse was experienced by the respondents per month and 2.) whether the respondents felt that they were better at sex than most other people (monthly intercourse frequency * sexual self-perception) (See Table 4-19). Of 40 respondents, 24 respondents strongly disagreed/disagreed with being better at sex than most other people and they experienced intercourse 0-5 times per month. Seven more respondents strongly disagree/disagreed with being better at sex than most other people and they experienced intercourse 6 or

more times per month. There were a total of 6 respondents that experienced intercourse 6 or more times per month and they strongly agreed/agreed with being better at sex than most other people. The statistical results yielded $\chi^2 = 6.180$, $p = .013$, therefore, indicating the lower the frequency of sex offenders' sexual activity, the lower their self-rating of sexual activity. The results showed that the frequency of intercourse experienced per month affects the respondent's self-ratings of their sexual activity.

Table 4-19 Intercourse per month* Better at sex

		Better at sex than most people		Total
		strongly disagree/disagree	agree/strongly agree	
Frequency of intercourse per month	0-5	24	3	27
	6 or more	7	6	13
	Total	31	9	40
		$\chi^2 = 6.180$ $p = .013$		

Hypothesis 2b addressed the respondents' monthly masturbation frequency (monthly masturbation frequency * sexual self-perception) (See Table 4-20). Of 38 respondents, 18 strongly disagreed/disagreed with being better at sex than most other people and they masturbated 0-3 times each month. Six respondents strongly agreed/agreed with being better at sex than most other people and they masturbated 0-3 times each month. A total of 11 respondents strongly disagreed/disagreed with being better at sex than most other people and they masturbated 4 or more times each month. The statistical results yielded $\chi^2 = .062$, $p = .803$. The results showed that the frequency of masturbation per month does not significantly affect the respondents' self-ratings of their sexual performance.

Table 4-20 Masturbation per month* Better at sex

		Better at sex than most people		
		strongly disagree/ disagree	agree/strongly agree	Total
Frequency of masturbation per month	0-3	18	6	24
	4 or more	11	3	14
	Total	29	9	38

$$X^2 = .062 \quad p = .803$$

Summary

The majority of the sex offenders that were pedophiles were not sexually abused as children. As for sexual activity, most respondents did not engage in intercourse and masturbation, which indicated a low frequency of sexual activity. More than half of the respondents perceived themselves as good sexual partners but did not seek sexual activity. Hypothesis one was not supported statistically. Hypothesis two was only statistically supported when referring to the frequency of intercourse per month rather than masturbation per month.

Chapter V

Summary, Recommendations, Implications, Limitations, and Conclusion

The following will summarize the results from the present study of sex offenders. The summary, recommendations for practitioners, researchers, and families, implications, limitations, are discussed, as well as final conclusions.

Summary

The present study was designed to examine sex offenders' behaviors and self-perceptions related to their sexual activity. The purposive and convenience sample consisted of 46 male sex offenders receiving treatment at mental health facilities in three counties in the state of Illinois. The researcher visited each facility to distribute the questionnaires to the participating members of the sex offender groups. The questionnaires were anonymous because the respondents were not required to provide their names for the study.

The demographics collected from the 46 respondents included their current age, race, education level, sexual partner preference, and marital status. The age range for the respondents was 18-67 years old with a mean age of 36.61. There were totals of 87% Caucasian and 13% African American within the sample. The majority (67.4%) of the respondents had a high school degree and 87% preferred female sexual partners. As for marital status, 37% had never been married and 34.8% were currently married.

Frequencies, percentages, graphs, and chi-squares were used to determine the significance of each objective and hypothesis. The objectives for the study addressed the sex offenders' childhood sexual abuse history, current level of sexual activity, and how the offenders perceived their sexual performance. The study included two hypotheses.

Hypothesis one stated that sex offenders who are pedophiles are more likely to be sexually abused as a child than sex offenders who are not pedophiles. The second hypothesis stated that the greater the frequency of sex offenders' sexual activity, the higher one's self-ratings of sexual performance. Hypothesis one was not supported by statistical significance. Hypothesis two was not supported by statistical significance when referring to the frequency of masturbation per month. However, hypothesis two was statistically supported when referring to the frequency of intercourse per month.

Objective one addressed whether the sex offenders were sexually abused as a child. A majority of the respondents (71.7%) did not experience childhood sexual abuse which suggested that early abuse does not precondition adult sex offenders. The second objective examined the sex offender's current level of sexual activity. The frequency range for intercourse for the respondents was 0-20 times per month and 0-30 times per month for masturbation. Nine respondents indicated never experiencing intercourse each month and 16 reported never experiencing masturbation each month. Of 44, 11 respondents wanted to stop masturbating but felt that they were unable to stop.

The final objective explored how the sex offenders perceive their sexual performance. The results for objective three suggested that majority of the respondents were aware of their sexual feelings and rated themselves as being a favorable sexual partner but did not portray a strong desire to be sexually active nor do they feel that they are better at sex than most people. The results are rather conflicting which suggested a possible limitation of truthfulness.

Recommendations for Research

Research on sex offenders needs to continue with a broader examination of their behavior and self-perceptions. More research on sex offenders may contribute to fewer instances of sexual abuse because of heightened awareness and understanding regarding sexual abuse and perpetrators. When more researchers focus on sex offenders, the research findings may help to contribute to the decrease of sexual abuse. Future research on sex offenders needs to include larger sample sizes drawn from various states. The present study found a link between frequency of sexual activity and sexual performance self-ratings, indicating a need for further research. Further research would provide more data on clarifying a possible connection between sexual activity and sexual performance self-ratings. Also, when focusing on the link between frequency of sexual activity and sexual performance self-ratings, a larger sample size would allow for greater generalization to the sex offender population. The present study only focused on adult males which excluded females and juveniles. A longitudinal case study design for research with sex offenders might yield further insight of their personal perceptions. A longitudinal case study would allow the researcher to develop a more trustworthy rapport with the participant(s) over a longer period of time. The rapport may help to establish more credibility for the participant's responses because truthfulness seems to be a possible limitation. Also, the definition of sexual activity needs to be broadened from the present study. The present study only included masturbation and intercourse to define sexual activity whereas future research can address different types of sexual activities, such as oral sex, which would help to understand the sexual activity of the perpetrators.

Recommendations for Practitioners

Practitioners need to focus on perpetrators as well as victims. When practitioners are treating sex offenders, the offender's childhood experiences, family relationships, and sexual activity warrants further exploration. McCormack, Hudson, and Ward (2002) assumed that individuals who sexually abuse children do not have positive intimate relationships as adults resulting from poor relationships with their parents during childhood. Sex offenders that did not have a positive relationship with their parents might help to explain their present deviant behaviors.

The present study found that majority of the sex offenders were not sexually abused as children. The results of the present study specifically impact the treatment of sex offenders because the practitioners should now move past the preconditioned idea that all sex offenders were sexually abused as children and focus on different unresolved issues from the sex offender's past.

The sex offenders' sexual activity and self-perceptions of their sexual behavior also need to be closely addressed. The present study found that the frequency of sexual activity affects sexual performance self-ratings which suggest that more practitioners need to focus on this area. If the practitioners' client has a low frequency of sexual activity, then the practitioner should explore the sex offender's sexual self-ratings as one approach to better understanding deviant behavior. Practitioners also need to address each sex offender's sexual practices while maintaining a future goal of decreasing deviant sexual urges. The present study found that majority of the sex offenders did not engage in high frequencies of sexual activity while undergoing treatment, which suggests a possible relationship between decreased sexual activity and treatment. While the present

study did not focus on a relationship between sexual activity and treatment, the results provide merit for further investigation.

Researchers, such as Brown, Traverso, and Fedoroff (1996), focus more on the ability of sex offenders to maintain sexual sobriety, including masturbation, for successful treatment. The purpose of their study was to determine if the lack of masturbation for sex offenders would have any effect on their sexual deviant urges or if sex offenders were willing to change their regularity of masturbation during their treatment (Brown, et al., 1996). Of the 17 respondents, only three were able to refrain from masturbation during the 30 days of sexual sobriety. Within the present study, 11 respondents wanted to stop masturbating but felt that they were unable to stop which suggests that these respondents are able to understand that their masturbation practices are a problem. Only four respondents of the Brown, et al. (1996) study agreed that prohibiting masturbation was considered healthy, while 13 disagreed. There were only four respondents who agreed that abstaining from masturbating would help them control their sexual urges. The overall results of Brown, et al.'s (1996) study found that maintaining one's sexual sobriety does not change the frequency of sexual behaviors and the lack of masturbation does not alter one's normal or deviant sexual urges. Due to the results of Brown, et al.'s (1996) study, further practitioners should focus on the amount of masturbation experienced per month rather than abstaining from masturbation. Another researcher, Lakey (1994) sought to understand and eliminate the sex offender's deviant sexual activity, such as fantasies and masturbation practices. Shaw (2000) agreed with the treatment approach of confronting the abuser's inability to admit to their abnormal sexual behavior and decreasing deviant sexual arousal. Practitioners that

monitor the current level of masturbation have the ability to examine the perpetrators' sexual activity. Depending upon how high or low the frequency of masturbation practiced by each sex offender, will help address the strength of the sex offender's sexual addiction. Knowing if the sex offender is unable to control his or her sexual behaviors allows the practitioners to understand the different approaches of treatment that is needed for the client. Not all of the same treatment is going to work for all sex offenders. The practitioner that develops a strong rapport with their client is able to fully understand the different issues dealt with by their clients, such as their deviant sexual urges.

Recommendation for Families

According to Hopkins (1997), sex offenders reveal that the most common characteristic of their victims is low self-confidence. Sex offenders will target a child who is unsure of himself or herself and provide the child with what the child is missing, such as a positive interacting relationship (Hopkins, 1997). Families need to provide a stable and healthy environment for their children to bolster self-confidence (Hopkins, 1997). Parents and other family members need to listen and talk to children about "good touch" and "bad touch" (Whealin, 2003). The present study found that 16 of 46 respondents experienced sexual contact prior to 16 years old with another individual 5 or more years older. These 16 respondents experienced childhood sexual abuse but were unable to recognize the experience as being abuse. This result suggests that some children are unaware of what constitutes sexually appropriate and inappropriate behaviors. A child should know how to say "no" to anyone who tries to touch his or her body and/or makes the child feel uncomfortable (Whealin, 2003). When they can comprehend, children should be aware that inappropriate sexual behavior perpetrated by

an adult onto a child is illegal and that the perpetrator will face punishment (Heins, 2004).

Families need to know the level of appropriate sexual activity for their child's particular age range (Heins, 2004). The present study found that the majority of the sex offenders showed minimal involvement in sexual activity which suggests possible discomfort with their sexuality. Therefore, parents need to talk to their children about sexuality in an effort to minimize future discomfort or misunderstanding related to sexuality. Most importantly, families need to provide children with a safe and caring environment in which they feel comfortable talking freely about sexual activity (Whealin, 2003).

Open communication lines with children will encourage discussion of any problems (Hammel-Zabin, 2003). Children who are the safest from sex offenders are children with an open communication line between the parent and the child. Individuals who sexually abuse children build trust from their victim, meaning that the child will not go home and inform parents of their sexual experience. If sex offenders are able to determine that their potential victim is able to talk freely with their parents, then the offender will be unable to trust the victim and most likely move on to their next victim (Hammel-Zabin, 2003). The greatest tool that sex offenders use to lure their victims is listening to the child. Therefore, parents that listen to their children are using the number one defense mechanism for protecting their children from sex offenders (Hammel-Zabin, 2003). Parents need to also be very aware of their children's surroundings and behavior and trust their first initial instincts (Heins, 2004). Parents need to reinforce that their children trust their instincts because their instincts could help eliminate the child from

entering in or remain in a dangerous situation (Heins, 2004). The more aware and informed children are about sexual abuse, the more likely they will be able to sense and understand how to eliminate themselves from a possibly dangerous situation and continue on living a healthy and safe childhood free of sexual predators (Heins, 2004).

Implications

The present study contributed to the literature on the behavior and self-perceptions of sex offenders. Many sex offenders within the present study were not sexually abused as a child, which suggests that sexual abuse is not always a precursor to becoming an adult sex offender. Discrediting the myth that childhood sexual abuse leads to adults becoming sex offenders will allow for important issues to be addressed such as family relationships of sex offenders. A link between sex offenders' self-perceptions related to their sexual activity and sexual performance was also found. The link between sexual activity and sexual performance means that frequency of sexual activity affects sexual performance self-ratings. Therefore, indicating that the higher or lower the frequency of sexual activity affects how high or low an individual's self-ratings are toward their sexual performance. For example, an individual could experience high frequencies of sexual activity therefore producing more confidence toward their sexual performance. There was minimal involvement in sexual intercourse and masturbation. Such results suggest a possible lack of sexual opportunity or desire. Or, these results may suggest discomfort with sexuality because of the sex offenders' low self-ratings of their sexual performance. Overall, the present study provided more insight into the sex offender population in an attempt to answer the ever-present question of "why" that is related to criminal sexual behavior.

Limitations

There are limitations when studying a sensitive population such as sex offenders. Sexual abuse is a delicate topic because of the severe trauma for the victims of abuse. Some sex offenders might not feel comfortable being truthful about their innermost personal thoughts. Most of the time, sex offenders keep their deviant behavior private because they know that their criminal behavior could result in an arrest or imprisonment. Many times, people within our society look down upon sexually offensive crimes due to the preconceived idea that adult-child sexual activity is wrong. Therefore, most people are hesitant to address the topic of sexual abuse. By not addressing sexual abuse, the severity and the after-effects of abuse enables future offenders to continue victimizing individuals.

Another limitation for the present study was the definition of sexual activity. The researcher chose to define sexual activity as only intercourse and masturbation practices. Sexual activity can be defined in several different ways such as oral sex, fondling, or heavy petting.

In regard to methodology, the cross-sectional design involved data collection at only one point in time. For future research, a longitudinal case study design would strengthen the results by collecting data over a longer period of time and, consequently, show sex offenders' developmental patterns and trends. Also, a smaller sample size limited the ability to generalize the results of the present study to the larger population of sex offenders.

There is a lack of existing reliable and valid instruments to study sex offenders. During the pilot study, any instrument that addressed the areas of the present research

study was unavailable therefore a questionnaire had to be developed to complete the study. The researcher contacted professionals in higher education and sexual abuse counselors but the result was a lack of measurable instruments for the specific population of sex offenders.

Statistical analysis tests are another possible limitation. The data yielded low frequencies, and in some cases a frequency of zero, in response to several items on the questionnaire. Consequently, the chosen type of statistical analysis, chi-square was both an advantageous and a limiting factor. One reason for selecting chi-square was because it “accepts weaker, less accurate data” (Connor-Linton, 2003, p. 1). Chi-square’s limitation is its own strengths because chi-square is more “forgiving in the data it accepts” (Connor-Linton, 2003, p. 1).

Conclusions

The question of whether an individual who is sexually abused as a child will become an adult sex offender remains controversial and unanswered. While the gap in the literature still exists, based on the results of the present study, the conclusion is drawn that sex offenders engage in sexual activity at lower frequency levels. However, the gap in the literature related to frequency of sexual activity remains substantial and warrants further study. Finally, in regard to the link between sexual activity and self-perceptions, sex offenders rate their overall sexual performance as low. The results of the present study prompt questions for further study related to sex offenders’ levels of comfort and desire related to sexual performance. In conclusion, for the epidemic of child sexual abuse to decrease, there needs to be continued research focusing on sex offenders.

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Appendix A
Sexuality Questionnaire

Sexuality Questionnaire

I am not obligated to fill out this questionnaire.

1. Current age: _____
2. Race: (circle one)
 - a. Caucasian
 - b. African American
 - c. Hispanic
 - d. other (describe) _____
3. Education Level: (circle one)
 - a. Less than High School
 - b. High School
 - c. Two Year College Degree
 - d. Four Year College Degree
 - e. other (describe) _____
4. Sexual partner preference: (circle one)
 - a. Male sexual partners
 - b. Female sexual partners
 - c. Both sexes
5. Marital Status: (circle one)
 - a. Never Married
 - b. Married
 - c. Separated
 - d. Divorced
6. Prior to the age of 16, had you experienced sexual contact of any nature with another individual 5 or more years older than you?
____ Yes
____ No
7. Prior to the age of 16, did you have sexual contact that was against your will with another individual 5 or more years older than you?
____ Yes
____ No

If you checked yes to the seventh question, please answer questions 7A-7C. If you checked no, please skip to question 8.

7A. What was the gender of the individual? (check one)

- ☐ male
☐ female
☐ both (male & female)

7B. Please check the estimated number of times that sexual contact against your will occurred.

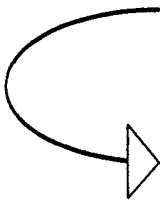
- ☐ 1 time
☐ 2-5 times
☐ 6-10 times
☐ more than 10 times

7C. Please indicate which feelings you experienced immediately after the incident. (please check all that apply)

- ☐ fear
☐ embarrassment
☐ humiliation
☐ shame
☐ pain
☐ confusion
☐ other (describe) _____

8. **After** the age of 18, have you had sexual contact of any nature with a person or persons that was younger than 16 years old?

- ☐ Yes
☐ No



If you checked yes to question 8, please answer question 8A. If you checked no, then please skip to question 9.

8A. Please **indicate the number** of times that sexual contact of any nature has occurred in the 3 following groups.

_____ relative

_____ stranger

_____ friend/acquaintance

9. **Before** the age of 18, have you had sexual contact of any nature with someone 5 or more years younger than you?

_____ Yes

_____ No

10. At the present time, have you ever felt that your sexual behavior has harmed or negatively affected another person?

_____ Yes

_____ No

11. On average, how often do you engage in vaginal or anal intercourse per month? _____

12. On average, how often do you engage in masturbation per month? _____

At the end of each statement, please write the corresponding number that best fits your sexuality.

11. I think about sex all of the time. _____

1 = strongly disagree

2 = disagree

3 = agree

4 = strongly agree

12. I am very aware of my sexual feelings. _____

- 1 = strongly disagree
- 2 = disagree
- 3 = agree
- 4 = strongly agree

13. I am very motivated to be sexually active. _____

- 1 = strongly disagree
- 2 = disagree
- 3 = agree
- 4 = strongly agree

14. I feel anxious when I think about the sexual aspects of my life. _____

- 1 = strongly disagree
- 2 = disagree
- 3 = agree
- 4 = strongly agree

15. I am strongly motivated to devote time and effort to sex. _____

- 1 = strongly disagree
- 2 = disagree
- 3 = agree
- 4 = strongly agree

16. I am better at sex than most other people. _____

- 1 = strongly disagree
- 2 = disagree
- 3 = agree
- 4 = strongly agree

17. I tend to be preoccupied with sex. _____

- 1 = strongly disagree
- 2 = disagree
- 3 = agree
- 4 = strongly agree

18. I tend to think about my sexual feelings. _____

- 1 = strongly disagree
- 2 = disagree
- 3 = agree
- 4 = strongly agree

19. I have a strong desire to be sexually active. _____
1 = strongly disagree
2 = disagree
3 = agree
4 = strongly agree
20. I would rate myself pretty favorably as a sexual partner. _____
1 = strongly disagree
2 = disagree
3 = agree
4 = strongly agree
21. I do not hesitate to ask for what I want in a sexual relationship. _____
1 = strongly disagree
2 = disagree
3 = agree
4 = strongly agree

Circle yes or no to the remaining questions as they apply to your sexual behavior.

22. Yes No I often feel shame or regret after a sexual fantasy.
23. Yes No I often feel shame or regret after a sexual behavior.
24. Yes No I want to stop masturbating but I cannot.
25. Yes No I am obsessive about sexually fantasizing people on the street.
26. Yes No My sexual behavior has put me in dangerous situations.
27. Yes No I hurt myself as a result of my sexual behavior.
28. Yes No I hurt others as a result of my sexual behavior.
29. Yes No I obsess about a specific person even though it may be painful.
30. Yes No I obsess about a specific act even though it may be painful.
31. Yes No I break promises to myself to stop my unwanted sexual behavior.
32. Yes No I have felt like I must seek new sexual or romantic highs.
33. Yes No My sexual behavior has made my life unmanageable.
34. Yes No I must be in full control during any type of sexual behavior.

Appendix B
Provider's Letter

Dear Sir or Madam,

My name is Denise Wright and I am a graduate student, at Eastern Illinois University, currently conducting a research study for my master's thesis focusing on sex offenders. The purpose of the research study is to examine sex offenders' behaviors and self-perceptions related to sexual activity.

I am requesting that you, the provider, review the attached informed consent and questionnaire that will be used in the research study and consider whether or not you want to participate. If you experience difficulty opening the attachments, then please notify me via email. If you are interested in participating, then please send an email to me by November 16, 2004 showing your interest. I will need to know how many clients that you are treating who will be able to participate and if you, the provider, uses the DSM-IV diagnostic criteria of pedophilia.

The criteria established by DSM-IV are as follows:

The person has had intense sexual fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child aged 13 years or younger over a period of 6 months. The person has acted on these sexual urges or fantasies causing distress or interpersonal difficulty.

The person is at least the age of 16 and 5 years older than the child stated in criteria 1. The person can be sexually attracted to only males, only females, or both sexes, which includes just children or children and adults.

I also need to know if all of your clients are identified by the state of Illinois as registered sex offenders. If you are interesting in the study, then I will visit your specific location and self-administer the questionnaires. The anticipated benefit of participating

in the study is that you, the provider, will be able to receive the research results upon your request.

The objectives of the study are as follows:

To determine if there was childhood sexual abuse among the sex offenders.

To determine the current level of sexual activity among the sex offenders.

To explore how the sex offenders perceive themselves sexually.

The anticipated benefits for the clients include documentation of self-reflection and sexual behavior. There are few foreseeable risks for the participants involved in the research study. The identity of the respondents will be anonymous because the questionnaire does not require names. No reference to the participants or the name of your facility will be made in oral or written reports which could possibly link the participants or the providers to the study. The participation by each member of the group is strictly voluntary and each member is able to decline to participate without penalties. If a member within the group decides to participate, they are able to withdraw from the study at any time without penalties.

I am requesting your assistance for the research study. If you are interested, please specify a phone number and an email address (if different from email currently being used) where I can reach you to discuss further details of the procedure of data collection. Thank you for your time and I hope to hear from you by November 16, 2004.

Sincerely,

Denise Wright, B.A.

Family and Consumer

Sciences Graduate Researcher

Appendix C
Informed Consent Statement

INFORMED CONSENT STATEMENT

INTRODUCTION

The purpose of this study is to examine sex offenders' behaviors and self-perceptions related to sexual activity.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY

The researcher will distribute a questionnaire. The questionnaire is completely separate from any evaluation or treatment received at the facility. The questionnaire will be a one-time event. I am being asked to complete the estimated 15-minute questionnaire.

RISKS

There are few foreseeable risks for myself when involved in the research study. I will be in a familiar setting such as a treatment facility or mental health center when completing the questionnaire. My identity will be anonymous.

BENEFITS

I may benefit from the study by documenting experiences of self-reflection and sexual behaviors.

CONFIDENTIALITY

I am assured confidentiality within this study. No reference to names will be made in oral or written reports, which could possibly link myself to the study. My identity will be excluded from the study because names are not required within the questionnaire. There is one exception to confidentiality. If information about illegal activity is disclosed either verbally or within the questionnaire, then the researcher will report the illegal activity to the provider. The researcher is ethically required to report any illegal information that is obtained from me through verbal or written documentation.

PARTICIPATION

My participation, either individually or within a group setting, is strictly voluntary and I am able to decline to participate without penalties. If I, within a group setting, decide not to participate and desire not to be noticed, then I need to return the blank questionnaire back to the provider at the end of the estimated 15 minutes. If I decide to participate and reconsider my decision, then I am able to withdraw from the study without penalty, being singled out, or being embarrassed. When withdrawing myself from the study, the questionnaire will be destroyed.